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PENETANG:

People and Paradox

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# PENETANG: PEOPLE AND PARADOX

## Introduction

This paper will attempt to describe some aspects of the Treatment programme currently operating in the Social Therapy Unit at Oak Ridge, maximum security division of the Mental Health Centre, Penetanguishene. At the same time an attempt will be made to describe the process of social therapy which has evolved over the past ten years. It should be remembered that the patients in our maximum security institution are confined by law against their will until they change. Most of them stand to be confined for long periods of time. Most of them do not feel themselves to be mentally ill. Most of them do not agree that they need treatment. The process, a happening, which offered hope of release, has continued through ten years of change to capture the imagination of these men and adapt as the realities require. (As the "process of therapy" began these men had the feeling that everyone would be better tomorrow. We have matured as the many tomorrows have returned us to the dreary struggle of daily life.)

## The Setting

Oak Ridge is an administratively integrated but structurally separate division of the Mental Health Centre at Penetanguishene. A maximum security building of eight, thirty-eight bed wards, it looks like and is built like a prison. Each ward has individual rooms ranging down both sides of a long corridor which debouches into a euphemistic sunroom capable of seating all ward members. Each room with its bed, sink and toilet is completely open to the corridor through the bars that form its front wall and door. There is no privacy.

The patients are referred to Oak Ridge from three sources: the Courts, reformatories and penitentiaries, and other Ontario hospitals. From the courts come those found Not Guilty By Reason of Insanity, those unfit to stand trial, and those remanded for thirty and sixty day periods of observation. Reformatories and other Ontario hospitals send those with whom their own facility of treatment and security are insufficient to cope. Patients at Oak Ridge therefore vary widely in regard to classification some being seriously involved with the law, some not at all. Almost all were sent and are being held against their will.

At the present time, Oak Ridge is divided into two functional units. The Activity Therapy Unit encompasses four wards. It has multiple programmes which are designed to help patients who are mentally retarded, physically disabled, chronically ill, and elderly. The unit is directed by a psychiatrist and has a full representation of the allied health personnel including psychologists, social workers, nursing, etc.

The Social Therapy Unit encompasses four wards: E, F, G, and H Wards. The unit has a series of milieux which are designed to help patients that are young, early in their illness, both schizophrenia and psychopathy, of average or better intelligence, and normal appearing. During the patients' stay in the unit, he will experience four unique milieux which are graded in intensity. The aim of the programme will help him to become a person - one with insight into his behaviour and with communication skills to help him relate the multitude of feelings which lie deep within him. This process will see him come to a balance in regard to his anti-social activity.

The milieux programmes to be described lay heavy emphasis on the use of patients as the main agents of therapy in lengthy and intensive programmes of small groups, committees and ward meetings. These patient groups function on an almost staffless basis which frees their dependance on professional staff resources except in specific areas, for example, medication. Freedom from dependance on the professional has allowed the four wards to each have a decision making paradigm related to treatment, and an authority paradigm related to control, particularly in regard to security staff. Each ward is an exercise in different government, each a different lifestyle intended to familiarize the patients with varying degrees of social and personal responsibility. This emphasis on staffless-ness is in part the upshot of theoretical conviction and partly a necessity forced by the professional staff shortage. At the present time there are 42 patients, 60 security staff and 5 professionals, one psychiatrist, 3 nurses and a person.

## THE PHILOSOPHY

### The Therapy Process - Ten Years

Barker and Mason, (1) have described five major assumptions which were the foundation for the development of the intensive treatment unit at Oak Ridge, 1967 - 1968. These assumptions were:

(1) Sickness as the failure of communication.
(2) Dialogue as therapy.

(3) The patient as agent of therapy.
(4) Total experience.
(5) Coercion is the goad to freedom.

These assumptions, and a programme which schematically consisted of confrontation, anxiety-arousal, analysis and support in committees, dyads, triads, and small groups, supported by community meetings, the use of demystifying drugs, and the feedback resources of videotape equipment, "led to the setting up of a space for dialogue". In these early years as the dialogue between the patients but more importantly between the patients and staff increased, a process of paring away, of defense disruption, and demystification, proceeded so that we could still today agree that the examination of communication in all its forms as described by Buber (2) is of paramount importance and that the process of psychotherapy remains as Laing described, "consisting in the paring away of all that stands between us - the introjections, in short all the carry-overs from the past transference and unwittingly, as our currency for relationships. It is this currency, these very media, that re-create and intensify the conditions of alienation that originally occasioned them." Laing (2).

But time has passed, and the creative tension of forced interaction which wrought so many changes and gave birth to four inter-locked wards has created a brand new dialogue space. Whereas the emphasis in the early days was more on the creation of a therapeutic social system, at one point in the growth and process of this therapy the focus began to turn inside so that the relationship I - Thou, so important in the early days of community, began to turn to the new space of I - Me. The basic paradigm began to move from talk therapy where the delphic dictum, Know Thyself, reigned, to Be Thyself where the infinite reflexive act of consciousness emerged. We began to see the space between the words as equally important. Simultaneously more experience in the community changed the questions it needed to have answered. Commonly, the question changed from, "What's happening?" to "Get into it." Consider a community without knowledge of the Dexamyl-Tofranil treatment. For seven weeks a patient works with this drug combination and has certain experiences. In the early days of community they needed to know and relate about this experience. Now, they know, most of them, so dialogue is not required to fact-find but rather simple affirmation is sought and given. There began to emerge a recognition then, that each person is an energy system of mutual opposites and that in the space beyond encounter one experiences mutual tolerance of presence with the dialogue of silence as loud because it gives rise to the great inner conversation of disconnected false identities, props and masks.

Thus it is that in ten years the major assumptions of the founding community remain intact but for perhaps only half of the philosophical programme. While the exterior life of the community has itself gone through transitions so that the outer space of each person has definite reality co-ordinates, the movement has been in

ever increasing amounts to the new land of inner space, this of course aided with the powerful hallucinogenic drug LSD. Where processes of analysis and paring and defense disruption spawn a dialogue space of trust and encounter, the movement to inner space has been to one of non-judgement and mutual tolerance.

Offered hereafter are three tentative additional assumptions grown here - emerging from the new land of inner space, of I - Me.

(1) Suffering - as the source of re-creativity.
(2) Let be - as the attitude.
(3) Yin-Yang - as a prime form of inner space.

Follow us through first outer, then inner space - through the ward structure to the persons and paradoxes that are our lives.

## OUTER SPACE

### I - Thou

Each community develops its own lifestyle. What has precipitated out of the dialogue space of I - Thou has been a bigger family of relations. Four of these will briefly be described as the relatives among which we all live. In bold relief in regard to these relatives are basic need structures which dominate the energy transfer between persons. While these relatives will be described they should not be considered fixed, in fact, the relations are always evolving. The basic notion which fills our relationships beyond our skin is that of being together. As you will see we have not neglected the outer skin of our reality.

## BEING TOGETHER

### 1. The Relatives:

(i) I - Thou - My needs / Yours - The Buber Dyad.

Much of the old philosophy is now contained in the dyad found on two of our wards. It is still the stubborn attempt to pry away the props and masks which separate people. It is still the medium whereby "at a minimum two people are allowed to know more about each other, about the world, and about themselves." The creative tension of forced encounter leads one into the world of judgement. As we grew in our dyad we reached a new inter face of tension, the field on non-judgement best described by the Gestalt Prayer (3):

"I do my thing and you do yours.
I am not in this world to live up to your expectations.
And you are not in this world to live up to mine.
I am I and you are you.
If by chance we meet it's beautiful
If not it can't be helped."

In our environment chance is taken away, and the coercion of forced encounter leads to even more beauty and more anguish.

(ii) I - Us - My Needs / Ours - The Group, Tribe, or Clan.

The group is a forum which allows each patient the opportunity to identify with a small number of people. Each activity of the individual in the group is second to the group's needs. There is an attempt to have the individual identify with his group even to the definite challenge of other groups.

(iii) We - My Needs / Theirs - The Community

Each community defines in their own complicated ways of interaction its whole life style. The ward meeting is the centre of the community. The community is the culture. Against this background then is each individual person in the dyad, in the group, in the community ward meeting.

(iv) Us - Them - Trust / Paranoia - The Nation

The various communities of the unit are in themselves in relation to each other. They have different privileges, very different milieux, and unique ways of problem solving. The communities are tiered from desirable to less desirable. Identity of the group and community is at a level "I know who I am because I know I am not one of them."

## 2. Cultural Reality: An Exercise In Mutually Defined Agreement Or Negation

When people are together they define reality for themselves by mutually participating in all aspects of reality definition. The "usual social system" becomes the reality tester of every experience and behaviour occuring in the group becomes subject to the group's sanction as people can agree or disagree themselves about the reality coordinates around any particular action. All realities are consensual!

## 3. Media The System Reinforcers

(i) To date we have had over one hundred editions of a weekly newspaper: "The Seventh Circle".* This paper has in a small but definite way contributed to the many facets of Social Therapy life. What the culture experiences in regard to communication the newspaper, radio, television and group rally become important ways to this communication. Our newspaper has had responsible and unusually interested patient editors who turn out a paper which is confidential and published only for the S.T.U. In that sense it is much more personal and acts at times as a reality medium for unit solidarity or discord.

(ii) Television - Our four ward unit has T.V. hook ups so that each of the sunroom T.V. sets can simultaneously carry centrally produced programmes. At the present time we televise live to selected wards some drug treatments, some group experiences, some experiences from the Capsule and a five day a week news broadcast of events that happen around the unit. From our appropriate safeguards concerning censorship, this medium is only at the budding stage and awaits more equipment to fulfill its destiny.

(iii) Rally - To date on the unit we have had two meetings of all our W.L.G.'s. Over sixty-five patients, more than half of the active patient body, have met with the administration and talked about mutual problems. Both of these meetings have been televised to the rest of the patients. While neither of these meetings can be seen as a rally, they could be seen as a forum where seeds have been sown for a gathering which would help solidify our unit identity.

So it is possible for one to see the many levels of interrelations which happen considering that one person is center and radiating out into concentric rings through the relationship with

- another person in a dyad,
- several people in the group;
- the whole community in the ward meeting,
- the security staff as they rotate on shift,
- the professional staff in the office;

in relation to the administration, and on to outside facilities of the hospital, the community, with immediate family, friends, and other appropriate facilities of rehabilitation services. Each relation has its needs, and, declared and undeclared agendas. We attempt to bring each interface and relationship into focus with notes either on dyad reports, notes from the group, notes from the ward meeting, in feedback on important treatments, in general ward feedback, with the Seventh Circle and then in regard to unit ward T.V. coverage of important events.

* In the Divine Comedy Dante placed the murderors, suicides and crimes against God and art in the 7th Circle of Hell.

A person spends the day in the world outside of him and the world inside of him. With the aid of other persons in the background of the ward culture he has an opportunity to define himself in their defined reality in the actual way. At the same time he has an opportunity to explain in the presence of his peers his inner world, using them only as a projection screen on which to play out his inner dramas. So there is a telescoping effect with media on the one hand amplifying the outer regions of the person and LSD amplifying the deepest inner regions of the person. Back and forth the dialogue acts between the culture constructed of his outer reality and the inner reality of a thousand hidden agendas. This more balanced view of the individual leads us on the greater path of internal freedom and it has lead them to redefinition of a person, one blended with the views of East and West, Inner and Outer.

# INNER SPACE

## I - Me

"Man should not ask what he may expect from life but should rather understand that life expects something from him." (Frankl)

I am alone in my room.
I have encountered all day and now I am alone with myself.
I love you in relation to me, yet I'm also in relation to me.
I have not yet left this hospital and five years has become ten.
A master of talk therapy, the search for my soul goes on.

### 1. Suffering ... as the source of re-creativity

The meaning of life in our maximum security hospital and the change in values saw a further descent into the existentialist philosophy, into the here and now. For some men, like the men in the death camps, experience and creativity lost their meaning in our social system. Hope of release was dashed and so they were cast into the deeper inner voyage to self-meaning. Some turned to Frankl...

> "But even a man who finds himself in the greatest distress, in which neither activity or creativity can bring values to life, nor experience give meaning to it - even such a man can still give his life a meaning by the way he faces his fate, his distress. By taking his unavoidable suffering upon himself he may yet realize values.
>
> "Thus, life has a meaning to the last breath. For the possibility of realizing values by the very attitude with which we face our unchangeable suffering - this possibility exists to the very last moment. I call such values attitudinal values. The right kind of suffering - facing fate without flinching - is the highest achievement that has been granted to man."

While an attitude toward suffering was a fundamental value which began to appear, our own reason came into focus and began to be questioned. What had seemed so logical and right had not yielded the answer or results to those patients that remained confined. And they tried hard to understand the circumstances, they tried hard to make it fit into their world view but finally the very ground of their reasoning process began to shake. Our existential anguish lead to Camus:

> "Just as reason was able to soothe the melancholy of Plotinus it provides modern anguish the means of calming itself in the familiar setting of the eternal. The absurd mind has less luck. For it, the world is neither so rational nor so irrational. It is unreasonable and only that. With Husserl the reason eventually limits it all. The absurd, on the contary, establishes its limits since it is powerless to calm its anguish. Kierkagaard independantly asserts that a single limit is enough to negate that anguish. But the absurd does not go so far. For it, that limit is directed solely at the reason's ambitions. The theme of the irrational as it is conceived by the existentialists is reason becoming confused and escaping by negating itself. The absurd is lucid reason noting it's limits."

For some this was the answer. He no longer had to look within himself and experience the anguish of non-explanation. He began to concede that the world was an absurd place to live in. If it made sense it was only the narrowest of views. The tension then was dissipated from the logic of the programme and a Catch-22 attitude began to appear.

Further, as we saw value in suffering, as we accepted the limits of our rational mind we began to see every person as an infinity of experience and behaviour, infinitely complex. To some, every person became a god. Every person took meaning as a product of his past. We could see ourselves as a past projection into the present now from a thousand hidden agendas of genes, parents, families, school, work, society, etc. And as these past projections entered into the now and as we got in touch with the projection of ourselves into the future we became aware that for any man the ground of his present being is all of his past living in bad faith with himself. This is shown in his negativity. The person's negativity portrays the unfinished parts of him and offers the direction for his own re-creativity so that his most positive self is his most negative self.

Paradoxically we found pain in our joy, and negation in our position. We came to see with Sartre, "A man is what he is not and he is not what he is." We could see with Sartre that decisions that we had made ourselves, that were in "bad faith" with ourselves in the past remained as negativities, as voids and that in self-re-creation it was our task to unite these voids and admit them back into our personalities. This help changed our attitudes and it helped our mind relax.

In a culture that demands one to flee from his pain, where every headache is to be masked by aspirin, it is hard for one to see the importance of pain in one's life. Be that as it may, the road inward lies on the path through all of our unfinished projects and all of our pain. This attitude is described well when Frankl states,

> "We have said that in creating, man actualizes creative values; in experiencing, experiential values; and in suffering, attitudinal values. Beyond that, however, suffering has a meaning in itself. In suffering from something we move inwardly away from it, we establish a distance between our personality and this something.

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> As long as we are still suffering from a condition that ought not to be, we remain in a state of tension between what actually is on the one hand and what ought to be on the other hand. And only while in this state of tension can we continue to envision the ideal. As we have already seen, this even applies to the person who has despaired of himself; by the very fact of his despair he has cast off some of the blame attaching to himself, since he is evaluating his own reality in terms of an ideality and the fact that he can at all envision values (even though unrealized ones) implies a certain value in himself. He could not sit in judgement upon himself if he did not already possess the worth and dignity of a judge - of a man who has perceived what ought to be as against what at the moment is. Suffering therefore establishes a fruitful, one might say a revolutionary, tension in that it makes for emotional awareness of what ought not be. To the degree that a person identifies himself with things as they are, he eliminates his distance from them and forfeits the fruitful tension between what is and what ought to be."

In suffering we actualize attitudinal values; thus, the deepest value in life, then, as we came to see as the attitude that we have to our own existence and the surrender of our own ability to control our fate and destiny. At the same time, the surrender included acceptance of one's own pain, of one's plight.

2. Let Be...as the attitude

And in a culture that gives attention out of anxiety and in a hospital where the staff have a right to question until their anxieties are met maturation of our system has been to come to judge the judgement of the patient as worthy and finally to see that they will judge themselves. This question often gets phrased most poignantly when it's a question of responsibility. For when something is wrong someone must be responsible for it. And when a person is left alone whether a psychopath or schizophrenic to make judgements about his actions the question will always remain will there be an inner judgement: Frankl makes a helpful comment when he says,

> "But what is responsibility? Responsibility is something we face and something that we may try to escape. The wisdom inherent in common speech thus suggest that there are counter-forces operating in human beings which attempt to relieve them of their natural responsibleness. And in truth there is something about responsibility that resembles an abyss. The longer and more profoundly we consider it, the more we become aware of its awful depths - until a kind of giddiness comes over us. For as soon as we lend our minds to the essence of human responsibility, we cannot forebear to shudder; there is something fearful about man's responsibility. But at the same time something glorious! It is fearful to know that at this moment we

bear the responsibility for the next, that every decision from the smallest to the largest is a decision for all eternity, that at every moment we bring to reality - or miss - a possibility that exists only for the particular moment. Every moment holds thousands of possibilities, but we can choose a single one of these; all the others we have condemned, damned to never-being - and that, too, for all eternity. But it is glorious to know that the future, our own and therewith the future of the things and people around us, is dependant - even if only to a tiny extent - upon our decision at any given moment. What we actualize by that decision, what we thereby bring into the world, is saved; we have conferred reality upon it from passing....."

And so ... the attitude which facilitates responsibility is allowance - letting be.

3. Yin-Yang ... a prime form of inner space

In developing an attitude toward the complexity that is a human being, we started to see some value in the concept of balanced polar opposites and to relate the primary and secondary process, to the Yin-Yang symbol. Things arise mutually, up with down, hot with cold, love with hate. We came to see each other as creatures of mixed feelings. We are always ambivalent. At any time we simply accent one side of a balanced polar opposite band. We discovered that we loved and hated our mothers, we loved and hated our fathers, we love and hate ourselves. We love those parts that are loveable, and we hate those parts that are hateable. We stop being confused by our mixed feelings. We saw that any feeling generates both itself and its opposite and certain social circumstances see like together. Other social circumstances see opposites together and it's really what's in focus that decides the meaning. In this we looked at both our feeling life and thinking life and found that beyond the straight line Aristotilian logic, beyond the linear opposite world that grew out of the Greek Mediteranean campus was a world of balanced polar opposites. And we found in the Tao Te Ching two very helpful lessons.

(2)

"Since the world points up beauty as such,
There is ugliness too.
If goodness is taken as goodness,
Wickedness enters as well.

For is and is-not come together;
Hard and easy are complementary;
Long and short are relative;
High and low are comparative;
Pitch and sound make harmony;
Before and after are a sequence.

Indeed the Wise Man's office
Is to work by being still;
He teaches not be speech
But by accomplishment;
He does for everything,
Neglecting none;
Their life he gives to all,
Possessing none;
And what he brings to pass
Depends on no one else.
As he succeeds,
He takes no credit
And just because he does not take it,
Credit never leave him."

(81)

"As honest words may not sound fine,
Fine words may not be honest ones;
A good man does not argue, and
An arguer may not be good!
The knowers are not learned men
And learned men may never know.

The Wise Man does not hoard his things;
Hard-pressed, from serving other men,
He has enough and some to spare;
But having given all he had,
He then is very rich indeed.

God's Way is gain that works no harm;
The Wise Man's way, to do work
Without contending for a crown."

So already the east was coming full circle, existentialism, what Buber and Laing, what Frankl and Camus and Sartre had stated, these and their brothers were pointing to a more fundamental underlying process, the equivalents of opposites. Suddenly we weren't surprised at the thousand mixed feelings and bad logics that are around us every day.

And how are our communities structured, you ask?

As we began to move into the new land of inner space, we began to explore the therapeutic use of LSD in our programmes because the drug seemed to cause unconscious material to emerge into consciousness. Once intended as a sort of last resort for the treatment of the psychopathic personality, it is now nearly a basic treatment modality. Unlike requests for Amytal/Ritalin, Dexamyl-Tofranil and other drug treatments, it is usually a personal matter between the doctor and the patient, although in some cases the community might make recommendations that a certain patient not get the treatment. No one is forced into the LSD treatment and the patient can withdraw his participation in it any time he wishes.

LSD is at such a growing stage that the present F Ward programme has shifted to accomodate all those who wanted the drug treatment. There are currently 28 patients on F Ward, 26 of whom will have had an LSD experience. LSD has opened up a whole new world, and over the past 2 years there have been over 25 LSD trips. It is only recently that studies have begun on the long and short terms effects of the LSD experience. The main source of empirical information will come from the results of MMPI tests which are given at the pre- and post-LSD stages.

PREPARATION

The use of LSD-25 in the treatment of patients depends on a number of factors set down by the doctor. To get an LSD treatment, the patient must first consult with the doctor either through a letter or an interview. The decision to use LSD is a matter for the doctor and the patient. It is not a compulsory treatment and is done on a voluntary basis. Once an agreement has been reached however, in order for the patient to receive it, he must go through a long preparatory ritual.

First, the patient is supplied with a collection of relevant literature which describes and discusses the effects of LSD. Such texts might include, "The Tibetan Book of the Dead", and "The Psychedelic Experience" (Leary). These books are read and discussed by the patient and his guide or guides, usually there is only one patient guide. Recently, however, the patient has allowed one attendant staff to sit in with him during the trip and it usually with a staff around whom the patient feels fairly comfortable. In keeping with the intimacy of the treatment, it is important that the patient have suitable guides or companions during the experience.

The patient and his guide(s) have daily dyads (or triads) as the main part of the preparation. These sessions last over a long period of time, and often the doctor will be present with them. In this forum, the patients' fears and expectations are discussed. This dyad allows the patient and the guides to maximize the comfort and ease with which they must be able to communicate. Generally, the guides are good friends of the user before the preparation stage.

After a fair length of time preparing for the experience the patient and his guide enter the "Capsule" where the trip will take place. They enter the capsule one or two days before the trip to allow the patients to adjust to this environment.

Nicknamed the "Box" or the "Capsule", and formally named the "TOTAL EN COUNTER CAPSULE", it is a specially constructed sound-proof windowless, but constantly lighted and ventilated room, 8' x 8' x 10' in size. It has no furniture to speak of (it is believed that external stimulii causes a disruption to encounter groups, thus the absence of furniture or other distractions), it has the bare essentials: a toilet, a sink and on its floor is a carpet which extends from wall to wall. While one is in the capsule he is restricted to a liquid diet which may include milk shakes of various flavours, coffee and soups. It is a place of quiet security and it is possible to live in the capsule for many days at a time totally removed from contact with the outside environment. The only association patients have with the outside world is at medication time when staff open the small window located on the ceiling above the room.

The room is monitored constantly with special audio and video equipment. There are a number of patient observers outside the capsule who keep watch over the patients. They take notes on the activities and are responsible for the welfare of those inside the room.

The capsule offers a very close, confined and intimate environment relatively free of distractions.

On the night before the trip, the patient and his guide listen to music. This music will also be played during the entire trip. It is piped into the capsule from a specially equipped video - tape - recording room located on F-Ward. The patient can select his own music.

## THE EXPERIENCE

After the preparatory stage, and having entered the capsule, the stage has been set. On the day the trip is to take place, the doctor will enter the capsule and the patient is assessed in regards to his headspace, whether or not he wishes to carry through and to determine fitness of the patient to continue.

The patients vital signs are then taken. His blood pressure, his pulse and his respiration are all checked. If he is ready, the doctor then gives the patient a choice of getting the LSD IV or IM. The LSD is then administered. The dosage is usually 300 micrograms.

The experience lasts anywhere from 4 to 10 hours. The entire trip is video-taped and throughout this session the doctor will be present, in the chance that the patient runs into difficulties of any kind.

That night, the person who had the LSD trip and his guide are given Dexedrine or Dexamyl. They will stay awake all night and talk about the experience during the trip, or about anything they feel is important.

The next day, the video and audio tapes will be studied, however, no special video equipment can ever reproduce the entire trip, specifically that portion which was "internal" but the patient is able to see a replay of his external interaction while his mind was focused inward, perhaps instigating recall of some deep inner experience.

Two days after the trip, the doctor again enters the capsule. Here, the doctor, the "tripper" and his guide discuss the experience and how the patient feels about it all. It is determined at this stage whether or not the patient is sufficiently re-integrated to resume his active role in the ward-community, later recounting the experience in an essay which goes to the doctor and sometimes it is published in the Seventh Circle, one of our news media.

# THE WARDS

## H WARD: GETTING TOGETHER

This ward assesses upwards of two hundred people each year. It is outstanding on two counts. It emphasizes the teacher-pupil paradigm. It is rule-oriented, and in line with the importance we place on communication, it rudely introduces would-be treatment candidates to the importance of silence. It may very well be the best silence system in the world.

All communication amongst the patient body is controlled. There is little or no opportunity for the patient being assessed to collude with another. Each patient has his own room. The entire programme that he is involved in is non-personal but topic and psychologically oriented. The patients are not allowed to talk to each other except in the classroom and then only in regard to the paper. In this way the confidentiality of the patient is maintained. This is a great asset especially considering our clientele who are the murderors, rapists, arsonists, and child molestors, etc., of Ontario. These men invariably are sought out and threatened in the county jails. By rigorous control of communication their privacy is secure. At the same time patients who are likely to be treated or return from court for treatment have their first experience in communication. What is denied on our assessment unit will be opened up on the following wards.

From 7:00 in the morning until 10:00 at night patients on Warrant of Remand from the court or those certified mentally ill from a host of places study papers which have been written by the patients and staff here. These papers are written on psychological topics such as manipulations, defence mechanisms, logical fallacies, feedback, role playing in groups, etc. The legal rights of the patient are taught in the paper entitled The Mental Health Act. The ward has seven patient teachers who have prior experience in therapy. They teach these groups supported by attendant security staff. After each paper is taught simple examinations are conducted. The teacher is a unique figure especially in considering the assessment of the ex-convict. The very human relationship between teacher and security staff speaks loudest of the trust and respect between these cultures. The teachers work in pairs covering two shifts in a day. Groups are divided into two and while one group is in the classroom the other watches appropriate television programs.

The entire professional team round on the ward twice a week. On Monday the rounding is in-depth. Here each patient has an opportunity to talk about the process of his assessment, his feelings about his charge and some specific details in regard to his crime. He is aided in legal matters, and appropriate social work responsibilities are clarified. Before each patient is conferenced he has a private assessment by a psychiatrist with the confidentiality that is assumed in these encounters.

At the end of thirty and sixty day periods, depending on the Warrant of Remand, patients are brought to a conference chaired by Dr. B. A. Boyd, Medical Director for Oak Ridge, where a majority of the Oak Ridge professional staff discuss the patients' problems and make recommendations for disposition. Reports are then drafted for the court. This assessment unit is similar to the Holmesburg Prison Unit described by Norman C. Jablon, M.D. in "A Unique Forensic Diagnostic Hospital". (8) The major difference is their wish to remain neutral in regard to the adversary system. We seek involvement with the courts. At the time of writing we are in the process of creating a third functional unit - the Forensic Unit - to further this programme.

G WARD: TALK TOGETHER

G Ward is our first all-day therapeutic community. It is organized in a committee system. Designed primarily for patients taking their first step in therapy from H Ward, the patient is taught to solve a psychological problem.

The individual in this setting gradually begins to experience himself and others, gradually beginning to encounter his own thoughts, feelings and actions relative to himself and others. Each of these simple aspects of thoughts, feelings, and actions, is brought into focus and an attempt is made to see how each complicates and inter-relates with the others. Although the committee system is obviously first used by the patient as an extension of his defenses, with time, as he becomes secure with the system, he comes to realize that he can use the system in other more positive ways. In the rigidly structured programme and the tense interaction a great deal of feelings are surfaced, problems of various nature and degree are often created within the person and within the community. The trials and tribulations of personal and community life are talked about, analyzed, and shared up and down the line of authority. The manner in which he and his community solve these problems occur in basically five committees.

Whenever stressful interaction occurs on this ward for one or the others involved, for example mutual intimidation, the matter will be "referred". That is, it will be brought to the attention of a committee assigned the function of investigating such incidents.

This committee - Clarification Committee - interviews the participants and other interested people (bystanders, friends, etc.) in order to find out what happened and what it meant to those people. The committee should not be seen as a model of law courts, of course, though there will usually be pressure from the many patients with criminal history to consider the Clarification proceedings as a preliminary hearing. Clarification Committee is only to investigate interactions and incidents as far as is necessary to determine the facts and the feelings involved.

After interviewing as many people as seem to have something pertinent to contribute, Clarification Committee will discuss the various aspects of the matter that they feel are significant. The result of the complete investigation - the facts uncovered and the relevant opinions of committee members - are summarized in a written report representing the concensus of the committee. This report is read to a ward meeting: at this point, any member of the community may question or comment on the summary. The entire report - the summary as well as the transcripts of the interviews - is passed on to the Sanctions Committee or the Treatment Committee.

Sanctions Committee deliberates on the Clarification summary and the comments evoked by its presentation in the ward meeting; from this, and from what they understand of the personalities involved and the history of the interaction in question, they come to some decision about action to be taken.

Sanctions Committee is responsible for taking steps to curb deviant behaviour; when it appears to them either participant (or both) is clearly in the wrong, they may recommend some form of punishment. These sanctions commonly involve assignment of menial ward cleaning chores or loss of some privilege when an individual's attitude toward his community or toward people in general seems to require correction. When the committee feels that it would be profitable for two conflicting people to get to know each other, the sanction recommended might require that they spend an hour or so together daily. All recommendations from Sanctions Committee are reported orally to a ward meeting before being passed on to the Staff-Patient Liaison Committee.

Sometimes an individual's attempt at relating come to be noticed as faltering or incomplete. For example, some may be consistently withdrawn and unable to establish any sort of friendships, or may seem to feel very much out-of-place in the community. Behaviour of this sort - not containing threats to others and not causing others anxiety, but still indicating that the individual himself is troubled or unhappy - is likely to be investigated by Treatment Committee rather than Sanctions Committee.

Treatment Committee explores individual's situations in depth, in order to make recommendations that will assist their acceptance by and involvement in the community. Drug treatments, tranquilizers, special groups, etc., are examples of the types of recommendations that Treatment Committee relays to ward meetings for discussion and to SPL for approval. Quite important also are the interviews conducted by this committee. Treatment Committee meets every night to assess people who appear most upset, most likely to harm themselves or others. Those who appear to be risks will be recommended for safe conditions over night: sleeping stripped of all dangerous articles in a "safe room", for example, or with three others who will observe him in shifts through the night (an I.C.U. - Intensive Care Unit). Interviews for assessment of risk also take place during

the daytime: it's only through Treatment Committee that people are recommended to come off special restraints. Treatment Committee records all interviews and reports them in ward meetings usually keeping everybody informed of the whereabouts of all the stray psyches.

Routine duties of Treatment Committee include regular review of dyads and discussion groups. Dyads are hour-long, agenda-free, two-person sessions usually scheduled for five days a week. Discussion groups are selected with care, in the hope of providing each group member with an atmosphere in which he can express himself with relative freedom. Recommendations are submitted to SPL before any changes are made; final approval usually awaits discussion about the matter among Professional and Attendant staff.

Because most of our people arrived and are kept here as a result of a propensity for violence, it isn't completely surprising that our interaction sometimes develops hostility near to violence. When violence occurs (i.e. "acting out") or when someone is discovered in the act of suicidal gesturing (i.e. "acting in") or when something along these lines seems imminent, a bystander will call "Crisis". Acoustics being as they are on our wards, all members of Security Committee will hear the call. Immediately, the area will be flooded with their presence.

Security Committee's first duty on arriving at the scene of the incident is to prevent further violence. If a fight is in progress, a very rare type of disturbance, participants will be bodily restrained; to prevent further violence, one or both may be placed on special restraints (i.e. "cuffs"). Staff are informed immediately, usually giving immediate approval to whatever action the committee sees as necessary, and a report is presented in the next ward meeting.

Staff-Patient Liaison Committee - usually referred to as SPL - is composed of patients who are specially skilled at anticipating staff needs and at interpreting community activities for the benefit of the staff. It's necessary, obviously that these patients not only have considerable previous experience on other committees, but that they also enjoy the confidence of the staff. All recommendations representing the decisions of other committees are discussed by SPL with the Attendant in charge of the ward. The final decision - the staff decision - is reported by SPL in a ward meeting, along with the minutes of the committee's discussion with staff. It's useful to keep in mind the fact that SPL doesn't make decisions affecting the community except as they are permitted to do so by staff; staff are the final authority in all matters.

When a patient has begun to own his projections, when he is able to introspect, he is eligible for the F Ward Program.

F WARD: AN ATTEMPT TO BE TOGETHER

The tribal system is the second community experience. F Ward is a segregated, intensive treatment ward. The patients have their own yard period, their own chapel period, their own recreational time, and they experience more of the professional staff's presence. Only patients who have been in therapy for a long period of time are moved into this community. Most of a person's institutional hang-ups have been formulated and many resolved before entrance into this community. Here the person as an individual is stressed and there is a more concerted effort at discovering the self in relation to the freer community organisation.

The tribal system is a near democracy. In this system, information and involvement happen in all directions simultaneously. Each member of the community is surrounded by those to whom he is responsible, the degree of closeness proportional to the degree of responsibility. The consensual total information procedures for handling decisions and the absence of fixed roles demand the participation of each member of the community beyond merely voting in the peer-democracy structure. Immediacy and direct relating are stressed.

Each member of the community, in this system, is assigned membership in one of three tribes approximately equal in size. The tribes are important as immediate social environment to each of their members: kept to the same membership for six months, often meeting several times daily, tribes are thereby encouraged to work out necessary mutual adjustments. Theoretically, intimacy is virtually forced; as a result of this process, participants will gain in confidence and ability at relating. Tribes also act as combination Clarification/Sanction/Treatment/Progress committees for their own members. Every tribe has an elected Moderator, but all tribe decisions are reached by voting: the will of the majority is the will of the tribe.

The tribes, when they meet together, are a ward meeting. Into this arena, under the direction of an elected Ward moderator, flows all information of any importance to the community. When a tribe voices its agreement on some matter in the form of a recommendation, the recommendation is presented in a ward meeting and must be voted upon. All community members participate in this process - no abstentions are allowed; people must vote "for" or "against" on any question put to the community. The community's consent to any recommendation is represented by no less than a two-thirds majority.

The courier, by filling the information gap between staff and patients, completes the SPL-like function of the ward meeting. The courier's role is normally filled by every member of the community, one at a time in weekly rotation. There is no authority attached to this job: the community's tradition forbids the courier carrying personal or tribe messages to the staff, representing his views of

the community, or making decisions for the community. The courier is simply an information-carrying agent of the ward meeting.

The other half of the courier's role involves his function as an agent of staff. Attendant staff closely observe the community through all program phases: their ideas and opinions, coupled with the information brought to them by the courier, result in decisions conveyed back to the ward meeting through the courier. It's not unusual for attendant staff to discuss a tribes affairs directly with that tribe, or to address a ward meeting directly; the courier, though, is available to attendants at any time - whether or not meetings are in session.

In contrast to the attendant staff's continuous contact with the community, professional staff may be seen as occupying the community's horizon. In practice, however, there is little remoteness to their relationship with the community: the professionals meet regularly with tribe representatives and the courier, attend ward meetings, discuss tribe matters with the tribes concerned at least weekly, and interview individual patients frequently. Attendant staff are primarily concerned with decision-making in routine or everyday matters; professional staff are active at decision-making that mean major changes for the community. Channels of communication are always open for professionals and attendants to discuss community dynamics and review community policies together.

E WARD: WORK TOGETHER

After a patient has spent an appreciable time from months to years, on the unit, he is moved to this work ward. The patients work in five or six different shops. This includes an industrial therapy shop, a refinishing shop, an upholstery shop, and a small contracts shop often referred to as the Ball Shop where the patients make baseballs. At the same time, other work areas such as kitchen workers and cleaners are manned by patients. They work a daily routine much like the average Canadian factory worker. The work areas are high risk areas. For this reason our security assessment is especially important.

The industrial programme is similar in nature to the rehabilitation programmes at the Clifton T. Perkins State Hospital in Jessup, Maryland. (3) It is a sub-contractual work programme which duplicates in a protected setting the usual working conditions of industry. Most of our patients have very poor work records as well as other adjustment difficulties, it is therefore the goals of programme to encourage the men to accept the responsibility, work cooperatively, and get along with patient and staff supervisors.

(4) The philosophy behind our work programme combines both the therapeutic and practical aims. It is devised to keep the hospital running at a high level of efficiency, to assist the patients in the

recovery process, and to prepare the patients for social living outside the hospital.

The programme on the ward is organized around Central Committee. These patients are hand picked by the security and professional staff. Five patients meet on a regular basis with the ward supervisor and decisions to affect the life of the ward are clarified and discussed first in a small group and then three or four times a week with the patient body in a community ward meeting. At the same time, once a week, patients who are deemed as interacting least with their peers are selected for forced dyads. In this way an attempt is made to encourage a minimum level of social interaction. In regard to decision making, the most potent and influential patients are selected by the staff for Central Committee; this committee ensures the safe, efficient running of the ward. The atmosphere is much more impersonal and designed to be more in keeping with an average Canadian lifestyle. Where a casual comment like "How are you feeling?" will lead to an hour discussion on F Ward, it has the more usual non-meaning of social cliche behaviour on E Ward. In a general way we try to discharge patients in our unit from this ward realizing that the intensive rather healthy atmosphere of F Ward's programme in particular is a very atypical way of living by todays standards. We are preparing people to return to an impersonal society and in a paradoxical way while they have learned to relate intensely, they must also learn again the social cliches of our robot existence.

# PEOPLE AND PARADOX

What is a person? This question has been debated since recorded history. With concepts like psychopath and schizophrenic, with so little known about the logic games and even less about the inner psychotic games, we struggle to understand ourselves. We found in Herman Hesse perhaps a better model, one bridging east and west, one that happened to show us the narrow concept of Western man, and that we could more easily understand not the Steppenwolf, the beast in man, but the countless number of men.

> "Of all literature up to our days the drama has been the most highly prized by writers and critics, and rightly since it offers the greatest possibilities of representing the ego as a manifold entity, but for the optical illusion which makes us believe that the characters of the play are one-fold entities by lodging each one in one in an undeniable body, singly, separately and once and for all. An artless aesthetic criticism, then, keeps its highest praise for this so-called character-drama in which each character makes his appearance unmistakeably as a separate and single entity. Only from afar and by degrees the suspicion dawns here and there that all this is perhaps a cheap and superficial aesthetic philosophy, and that we make a mistake in attributing to our great dramatists those magnificent conceptions of beauty that come to us from antiquity. These conceptions are not native to us, but are merely picked up at second hand, and it is in them, with their common source in the visible body, that the origin of the fiction of an ego, an individual, is really to be found. There is no trace of such a notion in the poems of ancient India. The heroes of the epics of India are not individuals, but whole reels of individualities in a series of incarnations.
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> "The Steppenwolf, too, believes that he bears two souls (wolf and man) in his breast and even so finds his breast disagreeably cramped because of them. The breast and the body are indeed one, but the souls that dwell in it are not two, nor five, but countless in number. Man is an onion made up of a hundred integuments, a texture made up of many threads. The ancient Asiatics knew this well enough, and in the Buddhist Yoga an exact technique was devised for unmasking the illusion of the personality. The human merry-go-round sees many changes: the illusion that cost India the efforts of thousands of years to unmask is the same illusion that the West has laboured just as hard to maintain and strengthen.
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> "If we consider the Steppenwolf from this standpoint it will be clear to us why he suffered so much under his ludicrous dual personality. He believes, like Faust,

that two souls are far too many for a single breast and must tear the breast asunder. They are on the contrary far too few, and Harry does shocking violence to his poor soul when he endeavors to apprehend it by means of so primitve an image."

"There is, in fact, no way back either to the wolf or to the child. From the very start there is no innocence and no singleness. Every created thing, even the simplest, is already guilty, already multiple. It has been thrown into the muddy stream of being and may never more swim back again to its source. The way to innocence, to the uncreated and to God leads on, not back, not back to the wolf or to the child, but ever further into sin, ever deeper into human life. Nor will suicide really solve your problem, unhappy Steppenwolf, You will, instead, embark on the longer and wearier and harder road of life. You will have to multiply many times your two-fold being and complicate your complexities still further. Instead, of narrowing your world and simplifying your soul, you will have to absorb more and more of the world and at last take up in your painfully expanded soul, if you are to ever find peace. This is the road that Buddha and every great man has gone, whether consciously or not, insofar as fortune favoured his quest. All births mean separation from the All, the confinement within limitation, the separation from God, the pangs of being born ever anew. The return into the All, the dissolution of painful individuation, the reunion with God means the expansion of thesoul until it is able once more to embrace the All."

Man is the ten thousand persons, the ten thousand selves of the east. In the west, psychoanalytic science is excited when the three faces of Eve are unravelled. Or when Sybll with sixteen personalities is confirmed. Three, sixteen, to ten thousand, we grow and we rotate into the inexhaustable silence of the east.

On any given day 140 persons live together in our 4 communities. These 140 persons have on the average killed 75 persons, assaulted 35, raped 20, molested 10 children and set 10 serious fires. They have committed an unknown number of other serious unlawful acts - they carry criminal and insane labels. Yet they live together without homicide with few fights, in fact safer than most Canadians. And while this life style is remarkable the question does exposure to this experience help must be raised.

Over the past several years there have been a number of studies of discharged Oak Ridge patients. The purpose of these follow-up studies were to determine the degree of dangerousness of discharged Oak Ridge patients, and what sorts of patients were most likely to get into trouble upon their release. Three tentative follow-up

studies have been completed: (a) a study of 91 patients discharged by the Central Ontario Regional Board of Review, (b) a study of 56 released patients who had been held on WLG's after being found unfit to stand trial or not guilty by reason of insanity and, (c) a study of 20 hospital discharges, 20 former WLG's and 20 Regional Review Board discharges.

In general, these studies indicate that most former Oak Ridge patients do not get into serious trouble with the law upon release. Approximately 38 % of the Regional Review Board patients were re-admitted to Oak Ridge or committed a (usually nonviolent) criminal offence within two years of their discharge from Oak Ridge. Somewhat less than 9 % of the former WLG's were readmitted to Oak Ridge or committed a new offence within two years of their discharge. Hospital discharges feel between the failure rates of the other two groups.

Whatever these studies indicate, one thing remains an enigma. Patients sent to Oak Ridge constitute a group that cannot be safely treated elsewhere because of the seriousness of their legal and psychiatric situations. Yet as dangerous and violent as these "murderors, suicides, and criminal against God and art" seem to be, they live safely within our Unit as casually as society's boy-next-door, helping one another, and supporting one another in an environment constantly shifting statically and yet dynamically frozen.

Does our system work? Whatever further studies reveal, we feel it is safe to state tentatively that a majority of our violent re-enter Canadian life non-violently.

# BIBLIOGRAPHY


1. Barker, E.T.; Mason, M.; - "Buber Behind Bars"
2. Laing
3. Perls - "Gestalt Therapy Verbatim"
4. Frankl - "The Doctor and the Soul"
5. Camus - "The Myth of Sisyphus"
6. Sartre - "Being and Nothing[redacted]"
7. Tao Te Ching -
8. Jablon, Norman C.; Sadoff, Robert L.; Heller, Melvin S.; "A Unique Forensic Diagnostic Hospital"
9. Emond; Coyne; Marsh; - "Systems For Decision Making In Oak Ridge Community Organizations"
10. Terl, Beatrice G., OTR; - "A Dynamic Work Program For Maximum Security Patients"
11. Elliot, Arthur E., ACSW; - "Industrial Therapy In A Maximum Security Hospital"
12. Hesse - "Steppenwolf"
13. Quinsey, V. - "Oak Ridge Follow-up Studies"